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State Name: Virginia

State Plan Amendment (SPA) #: 17-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #060820174044

August 25, 2017

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 17-008, Addiction and Recovery Treatment Services. The purpose of SPA 17-008 is to eliminate outdated text and to include new text related to Addiction and Recovery Treatment Services that was not included in the 1115 Waiver that was approved by CMS on December 15, 2016. In addition, the SPA includes language regarding payment rates for inpatient services and increased payment rates for "other Providers" for existing substance use disorder services.

This SPA is acceptable. Therefore, we are approving SPA 17-008 with an effective date of April 1, 2017. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 0 0 8	2. STATE Virginia
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2017

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Parts 440 and 447	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ 6,327,902 b. FFY 2018 \$ 5,272,474 ID, 5,16,949
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A & B Supplement 1 pages 10.1, 16, and new pages 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, and 53. Delete page 9.3. Attachment 3.1 A & B Supplement 3 page 2. Delete pages 3, 4, 5, 6, 7, and 8. Attachment 3.1-A Supplement 2 pages 40, 41, 42, and new pages 42.1, 42.2, and 42.3. Attachment 4.19-A page 1 Attachment 4.19-B pages 6.01, 6.02, new page 6.03, 9.01. Delete page 6.2.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 A & B Supplement 1 pages 10.1 and 16. Delete page 9.3. Attachment 3.1 A & B Supplement 3 page 2. Delete pages 3, 4, 5, 6, 7, and 8. Attachment 3.1-A Supplement 2 pages 40, 41, and 42. Attachment 4.19-A page 1 Attachment 4.19-B pages 6.01, 6.02, and 9.01. Delete page 6.2.1

6/8/17
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10. SUBJECT OF AMENDMENT
 Addiction and Recovery Treatment Services

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹⁷
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED
 Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/ [Redacted]	16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
13. TYPED NAME Cynthia B. Jones	
14. TITLE Director	
15. DATE SUBMITTED 6/2/17	

FOR REGIONAL OFFICE USE ONLY:

17. DATE RECEIVED June 8, 2017	18. DATE APPROVED August 25, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES

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TN No. 17-008 Approval Date August 25, 2017 Effective Date 04-1-17
Supersedes
TN No. 07-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

6.5 Substance abuse treatment services provided by other licensed practitioners within the scope of their practice as defined by State Law. (12 VAC 30-50-150 and at 42 CFR 440.60)

1. Consistent with § 6403 of the Omnibus Budget Reconciliation Act of 1989, medically necessary substance abuse services shall be covered when prior authorized by DMAS or its designee for individual younger than 21 years of age when the need for such services shall be identified in an EPSDT screening.
2. a. Outpatient substance abuse services shall be provided by a licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, a licensed psychiatric nurse practitioner, a licensed marriage and family therapist, or a licensed substance abuse treatment practitioner.

b. The provider must also be qualified by training and experience in all of the following areas of substance abuse/addiction counseling; clinical evaluation; treatment planning; referral; service coordination; counseling; client, family, and community education; documentation; professional and ethical responsibilities.
3. Psychological and psychiatric substance abuse services shall be prescribed treatment that is directly and specifically related to an active written plan designed and signature-dated by one of the professionals listed in 2b.
4. Psychological or psychiatric substance abuse services shall be considered appropriate when an individual meets criteria for an Axis I substance-related disorder. Nicotine or caffeine abuse or dependence shall not be covered. The Axis I substance-related disorder shall meet American Society of Addiction Medicine (ASAM) Level of Care Criteria.
5. Psychological or psychiatric services may be provided in an office or a clinic.

TN No. 17-008
Supersedes
TN No. 07-07

Approval Date August 25, 2017

Effective Date 04-01-17

Revision: HFCA-PM-91-4
August, 1991

(BPD)

Attachment 3.1- A&B
Supplement 1
Page 16
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDED
and MEDICALLY NEEDED

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TN No. 17-008 Approval Date August 25, 2017 Effective Date 04-01-17
Supersedes
TN No. 12-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

Provider Qualifications:

"Care Coordination Provider" means one of the following: 1.) At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least either (i) one year of substance use related direct experience providing services to individuals with a diagnosis substance abuse use disorder or (ii) a minimum of one year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; 2.) Licensure by the Commonwealth as a registered nurse with (i) at least one year of substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or (ii) a minimum of one year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or 3.) Certification as a Board of Counseling Certified Substance Abuse Counselor CSAC or CSAC-Assistant under supervision as defined in 18VAC115-30-10 et seq.

"Credentialed addiction treatment professional" means (i) an addiction-credentialed physician or physician with experience in addiction medicine; (ii) a licensed psychiatrist; (iii) a licensed clinical psychologist; (iv) a licensed clinical social worker; (v) a licensed professional counselor; (vi) a licensed psychiatric clinical nurse specialist; (vii) a licensed psychiatric nurse practitioner; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) residents under supervision of a licensed professional counselor, licensed marriage and family therapist, or licensed substance abuse treatment practitioner and in a residency approved by the Virginia Board of Counseling; (xi) residents in psychology under supervision of a licensed clinical psychologist and in a residency approved by the Virginia Board of Psychology; (xii) supervisees in social work under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work; or (xiii) an individual with certification as a substance abuse counselor (CSAC) or certification as a substance abuse counseling-assistant (CSAC-A) under supervision of licensed provider and within his scope of practice.

"CSAC" means (as certified by the Virginia Department of Health Professions) a certified substance abuse counselor shall be qualified to perform, under clinical supervision or direction, substance abuse treatment functions described in subsequent pages of this document. Certified substance abuse counselors shall not engage in independent or autonomous practice.

"CSAC-A" means (as certified by Virginia's Department of Health Professions) a certified substance abuse counseling assistant shall be qualified to perform, under appropriate clinical supervision or direction, the substance abuse treatment functions described in subsequent pages of this document. Certified substance abuse counseling assistants may participate in recovery group discussions, but shall not engage in counseling with either individuals or groups or engage in independent or autonomous practice.

"Buprenorphine-waivered practitioner" licensed under Virginia law who has completed one of the continuing medical education courses approved by the federal Center for Substance Abuse Treatment and obtained the waiver to prescribe or dispense buprenorphine for opioid use disorder required under the Drug Addiction Treatment Act of 2000 (21 USC § 800 et seq.). The practitioner must have a DEA-X number issued by the U.S. Drug Enforcement Agency that is included on all buprenorphine prescriptions for treatment of opioid use disorder.

TN No. 17-008

Approval Date August 25, 2017

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TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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"Clinical Supervision" means the ongoing process performed by a clinical supervisor** who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and education with respect to the clinical skills and competencies of the person supervised.

** Supervisor qualifications. A board-approved clinical supervisor shall be:

1. A licensed substance abuse treatment practitioner;
2. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse, and possess either a board-recognized national certification in substance abuse counseling obtained by standards substantially equivalent to those set forth in this chapter, or a minimum of one year experience in substance abuse counseling and at least 100 hours of didactic training covering the areas outlined in 18VAC115-30-50 B 1 a through h; or
3. A substance abuse counselor certified by the Virginia Board of Counseling who has:
 - a. Board-recognized national certification in substance abuse counseling obtained by standards substantially equivalent to those set forth in this chapter; or
 - b. Two years experience as a Virginia board-certified substance abuse counselor.

18VAC115-30-50 B 1 a through h:

B. Substance abuse education.

1. The education will include 220 hours spent in receiving didactic training in substance abuse counseling. Each applicant shall have received a minimum of 10 clock hours in each of the following eight areas:

- a. Understanding the dynamics of human behavior;
- b. Signs and symptoms of substance abuse;
- c. Treatment approaches;
- d. Continuum of care and case management skills;
- e. Recovery process and relapse prevention methods;
- f. Ethics;
- g. Professional identity in the provision of substance abuse services; and
- h. Crisis intervention.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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I. Screening, Brief Intervention, and Referral to Treatment (ASAM Level 0.5)

Service Definition: The service definition is established by ASAM Level 0.5. Service components match those forth in ASAM and are provided by ASAM approved staff plus pharmacists.

<u>Service Component Definitions – ASAM Level 0.5</u>	<u>Staff That Provide Service Components</u>
Assessment: means the individualized, person-centered assessment performed face-to-face, in which the provider obtains comprehensive information from the individual.	Physician Credentialed addiction treatment professional
Brief intervention by a licensed clinician shall be provided to counsel individuals about substance use, alert these individuals to possible consequences and, if needed, begin to motivate individuals to take steps to change their behaviors.	Licensed Credentialed addiction treatment professional

Limits on amount, duration, and scope: SBIRT services do not require service authorization. There are no annual service limits.

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2. Opioid Treatment Programs (OTP)

Service Definition: Opioid Treatment Programs (OTP) is a program certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that engages in supervised assessment and treatment, using methadone, buprenorphine, L-alpha acetyl methadol, or naltrexone, of individuals who are addicted to opioids.

<u>Service Component Definitions – Opioid Treatment Programs</u>	<u>Staff That Provide Service Components</u>
Conduct or arrange for appropriate laboratory and toxicology tests including urine drug screenings.	Buprenorphine-waivered practitioner licensed by the state Credentialed addiction professional trained in the treatment of opioid use disorder
Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the member; supervise withdrawal management from opioid analgesics, including methadone, buprenorphine products or naltrexone products; and oversee and facilitate access to appropriate treatment for opioid use disorder.	Buprenorphine-waivered practitioner licensed by the state Credentialed addiction professional trained in the treatment of opioid use disorder
Provide cognitive, behavioral psychotherapy and other substance use disorder-focused counseling provided to the member on an individual, group, or family basis.	Credentialed addiction treatment professional excluding CSAC-A.
For members who have not been screened for infectious diseases within previous 12 months, screening provided on-site or referral for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors.	Buprenorphine-waivered practitioner licensed by the state Credentialed addiction professional trained in the treatment of opioid use disorder
Medication administration on site during the induction phase must be provided by a Registered Nurse (RN). Medication administration during the maintenance phase may be provided either by a RN or Licensed Practical Nurse (LPN).	Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
OTP risk management shall include the following activities which must be clearly and adequately documented in each member's record: <ul style="list-style-type: none"> • Random urine drug screening for all members, conducted at least eight times during a twelve month period. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state

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<p>Provide optional substance use care coordination that includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring member progress and tracking member outcomes; linking members with community resources to facilitate referrals and respond to social service needs, or peer supports; and tracking and supporting members when they obtain medical, behavioral health, or social services outside the practice. Substance use care coordination cannot be provided simultaneously with substance use case management.</p>	<p>Care Coordination Provider</p>
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Limits on amount, duration, and scope: OTP services do not require service authorization.

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3. Office-Based Opioid Treatment (OBOT)

Service Definition: a service for individuals with moderate to severe opioid use disorder provided by buprenorphine-waivered practitioners working in collaboration with credentialed addiction treatment practitioners providing psychosocial counseling in public and private practice settings that encompasses pharmacological and nonpharmacological treatment modalities.

<u>Service Component Definitions – Office-Based Opioid Treatment</u>	<u>Staff That Provide Service Components</u>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics; and overseeing and facilitating access to appropriate treatment for opioid use disorder and alcohol use disorder.	Buprenorphine-waivered practitioner licensed by the state; and Credentialed addiction treatment professional
Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the buprenorphine-waivered practitioner.	Credentialed Addiction Treatment Professional Excluding the CSAC-A.
For members who have not been screened for infectious diseases within previous 12 months, screening provided on-site or referral for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors.	Buprenorphine-waivered practitioner licensed by the state; and credentialed addiction treatment professional
OBOT risk management shall be documented in each individual's record and shall include: <ul style="list-style-type: none"> • Random urine drug screening for all individuals, conducted at a minimum of eight times per year. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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<p>Provide optional substance use care coordination that includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring member progress and tracking member outcomes; linking members with community resources to facilitate referrals and respond to social service needs, or peer supports; and tracking and supporting members when they obtain medical, behavioral health, or social services outside the practice. Substance use care coordination cannot be provided simultaneously with substance use case management.</p>	<p>Care Coordination Provider</p>
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Limits on amount, duration, and scope:

OBOTs may be reimbursed for three separate inductions per 365 calendar days per member and must be at least 90 calendar days apart. Additional physician/nurse practitioner/physician assistant follow up and maintenance visits within a 365 calendar day period. If a member fails three buprenorphine or buprenorphine/naloxone inductions within a 365 calendar day period in an OBOT setting, the member should be referred to an OTP for assessment for treatment.

Group counseling by credentialed addiction treatment professionals shall have a maximum limit of 10 individuals in the group. Such counseling shall focus on the needs of the members served.

OBOT services do not require service authorization.

Individuals under 21 years of age qualifying under EPSDT may receive the services described in excess of any service limit, if services are determined to be medically necessary.

TN No. 17-008

Approval Date August 25, 2017

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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4. Outpatient Services (ASAM Level I)

Service Definition: The service definition is established by ASAM Level 1.

<u>Service Component Definitions – ASAM Level I</u>	<u>Staff That Provide Service Components</u>
Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual.	Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with at least one year of clinical experience involving medication management.
Development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.	Licensed credentialed addiction treatment professional
Individual, Family, and Group Therapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.	Credentialed addiction treatment professional excluding CSAC and CSAC-A
Evidenced-based patient counseling on addiction, treatment, recovery, and associated health risks.	Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with at least one year of clinical experience involving medication management.
The administration of medication related to substance use treatment or the monitoring for adverse side effects or results of that medication; interventions are matched to levels of patient progress and intended outcomes.	Physician, Nurse Practitioner, Physician Assistant A registered nurse or a practical nurse who is licensed by the Commonwealth with at least one year of clinical experience involving medication management.

Limits on amount, duration, and scope: Outpatient substance use disorder treatment services do not require service authorization.

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5. Intensive Outpatient Services (ASAM Level 2.1)

Service Definition: The service definition for this community based service is established by ASAM Level 2.1.

<u>Service Component Definitions – ASAM Level 2.1</u>	<u>Staff That Provide Service Components</u>
<p>Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p>	<p>Credentialed addiction treatment professional</p>
<p>Development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.</p>	<p>Credentialed addiction treatment professional</p>
<p>Individual, Family, and Group Psychotherapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.</p>	<p>Credentialed addiction treatment professional excluding CSAC and CSAC-A</p>

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Psychoeducational substance use disorder counseling groups: means (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or co-occurring substance use and mental illness and its effects in order to design effective treatment plans and strategies.	Credentialed addiction treatment professional
Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.	Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with at least one year of clinical experience involving medication management.
24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.	Credentialed addiction treatment professional

Limits on amount, duration, and scope: Intensive outpatient services require service authorization.

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6. Partial Hospitalization (ASAM Level 2.5)

Service Definition: The service definition for this community based service is established by ASAM Level 2.5.

<u>Service Component Definitions – ASAM Level 2.5</u>	<u>Staff That Provide Service Components</u>
<p>Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional</p>
<p>Treatment Planning: development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional</p>
<p>Individual, Family, and Group Psychotherapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.</p>	<p>Physician, Credentialed addiction treatment professional excluding CSAC and CSAC-A</p>
<p>Psychoeducational substance use disorder counseling: means (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or co-occurring substance use and mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or mental illness and its effects in order to design effective treatment plans and strategies.</p>	<p>Credentialed addiction treatment professional</p>

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Medication Management means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.	Physician, Nurse practitioners or Physician Assistants licensed by the state Credentialed addiction treatment professional
Withdrawal management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.	Physician, Nurse practitioners or Physician Assistants licensed by the state
24-hour crisis services means immediate behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and higher levels of acuity.	Physician, Nurse practitioners or Physician Assistants licensed by the state Credentialed addiction treatment professional

Limits on amount, duration, and scope: Service authorization is required. The unit of service is one day. There are no maximum annual limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES:
EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)

3. Nutrition

Includes nutritional assessment of dietary habits, and nutritional counseling and counseling follow-up. All pregnant women are expected to receive basic nutrition information from their medical care providers or the WIC Program.

Must be provided by a Registered Dietitian (R.D.) or a person with a master's degree in nutrition, maternal and child health, or clinical dietetics with experience in public health, maternal and child nutrition, or clinical dietetics.

4. Blood Glucose
Meters

Effective on and after July 1, 1993, blood glucose test products shall be provided when they are determined by the physician to be medically necessary for pregnant women suffering from a condition of diabetes which is likely to negatively affect their pregnancy outcomes. The women authorized to receive a blood glucose meter must also be referred for nutritional counseling. Such products shall be provided by Medicaid enrolled durable medical equipment providers.

TN No. 17-008

Approval Date August 25, 2017

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Supersedes

TN No. 03-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA

**REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES:
EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)**

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TN No. 17-008
Supersedes
TN No. 03-11

Approval Date August 25, 2017

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA

**REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES:
EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)**

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CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

X The Medicaid eligible individual shall meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for a substance use disorder. Tobacco-related disorders or caffeine-related disorders and nonsubstance-related disorders shall not be covered. Target group includes individuals transitioning to a community setting. Case-management services will be made available for the month (no more than 30 days) prior to discharge from a covered stay in a medical institution. This is limited to two one-month periods during a 12 month period. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)".

A. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
Only in the following geographic areas: [Specify areas]

B. Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

C. Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: An individual receiving substance use case management (SU CM) services shall have an active individual service plan (ISP) that requires a minimum of two substance use case management service activities each month and at least one face to face contact with the individual at least every 90 calendar days.

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
- taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - periodic reassessments include evaluating and updating the individual's progress toward meeting the individualized service plan objectives and shall occur as needed and at a minimum every 90 calendar days during a review of the ISP with the individual.

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- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual.
 - The individual service plan (ISP) shall utilize accepted placement criteria and shall be fully completed within 30 calendar days of initiation of service.
 - The substance use case manager shall review the ISP with the individual at least every 90 calendar days. The ISP shall document active substance use case management and shall require a minimum of two distinct substance use case management activities being performed each calendar month.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
 - Enhancing community integration through increased opportunities for community access and involvement and enhancing community living skills to promote community adjustment including, to the maximum extent possible, the use of local community resources available to the general public;
 - Making collateral contacts with the individual's significant others with properly authorized releases to promote implementation of the individual's ISP and his community adjustment;
 - Linking the individual to those community supports that are most likely to promote the personal habitative or rehabilitative, recovery, and life goals of the individual as developed in the ISP;
 - Assisting the individual directly to locate, develop, or obtain needed services, resources, and appropriate public benefits;
 - Assuring the coordination of services and service planning within a provider agency, with other providers, and with other human service agencies and systems, such as local health and social services departments.

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- ❖ Monitoring and follow-up activities: A minimum of one face to face client contact at least every 90 calendar day period.
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - Monitoring service delivery through contacts with individuals receiving services, with service providers, and through site and home visits to assess the quality of care and satisfaction of the individual;
 - Providing follow-up instruction, education, and counseling to guide the individual and develop a supportive relationship that promotes the ISP;
 - Advocating for individuals in response to their changing needs, based on changes in the ISP;
 - Planning for transitions in the individual's life;
 - Knowing and monitoring the individual's health status, any medical condition, and medications and potential side effects and assisting the individual in accessing primary care and other medical services, as needed; and
 - Understanding the capabilities of services to meet the individual's identified needs and preferences and to serve the individual without placing the individual, other participants, or staff at risk of serious harm.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

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D. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The enrolled provider shall:

- have the administrative and financial management capacity to meet state and federal requirements;
- have the ability to document and maintain individual case records in accordance with state and federal requirements; and
- be licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as a provider of substance abuse case management services.

Services shall be provided by a professional or professionals who meet at least one of the following criteria:

- At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least either (i) one year of substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or (ii) a minimum of one year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness;
- Licensure by the Commonwealth as a registered nurse with (i) at least one year of substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or (ii) a minimum of one year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or
- Certification as a Board of Counseling Certified Substance Abuse Counselor (CSAC) or CSAC-Assistant under supervision as defined in 18VAC115-30-10 et seq.

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E. Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals shall have free choice of the providers of substance use case management services.
2. Eligible individuals shall have free choice of the providers of other services under the plan.

F. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services;
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan;
- Payment for substance use case management or substance use care coordination services under the Plan does not duplicate payments for other case management made to public agencies or private entities under other Title XIX program authorities for this same purpose;
- The state assures that substance use case management is only provided by and reimbursed to community case management providers.
- The state assures that substance use case management does not include the following:
 1. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
 2. Activities for which an individual may be eligible, that are integral to the administration of another nonmedical program, except for case management that is included in an individualized education program or individualized family service plan consistent with § 1903(c) of the Social Security Act.

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CASE MANAGEMENT SERVICES

G. Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

H. Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

I. Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INPATIENT SERVICES

CHAPTER 70.
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES: INPATIENT HOSPITAL CARE.

PART V.
INPATIENT HOSPITAL PAYMENT SYSTEM.

Article I.
Application of Payment Methodologies.

12 VAC 30-70-200. Repealed.

12 VAC 30-70-201. Application of payment methodologies.

- A. The state agency will pay for inpatient hospital services, as set out in 3.1 A&B, Supp I, page 1 (12 VAC 30-50-100), in general acute care hospitals, rehabilitation hospitals, and freestanding psychiatric facilities licensed as hospitals under a prospective payment methodology. This methodology uses both per case and per diem payment methods. Attachment 4.19-A, page 1.3, et seq. (12 VAC 30-70-221 et seq.) describes the prospective payment methodology, including both the per case and the per diem methods.
- B. Attachment 4.19-A, page 16, et seq. (12 VAC 30-70-400 et seq.) describes a per diem methodology that applied to a portion of payment to general acute care hospitals during state fiscal years 1997 and 1998, and that will continue to apply to patient stays with admission dates prior to July 1, 1996. Inpatient hospital services that are provided in long stay hospitals shall be subject to the provisions of 4.19-A, Supplement 3 (12 VAC 30-70-10 through 12 VAC 30-70-130).
- C. Inpatient hospital facilities operate by the Department of Behavioral Health and Developmental Services (DBHDS) shall be reimbursed costs except for inpatient psychiatric services furnished under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for individuals younger than age 21. These inpatient services shall be reimbursed according to 4.19-A, page 17 (12 VAC 30-70-415) and shall be provided according to the requirements set forth in Attachment 3.1 A&B, Supplement 1, Item 4b (pp 6 et seq. of 45 (12 VAC 30-50-130)) and Attachment 3.1 C (p 1.1 of 43 et seq. (12 VAC 30-60-25(H))). Facilities may also receive disproportionate share hospital (DSH) payments. The criteria for DSH eligibility and the payment amount shall be based on 4.19-A, Supplement 3, page 1, section V (12 VAC 30-70-50). If the DSH limit is exceeded by any facility, the excess DSH payments shall be distributed to all other qualifying DBHDS facilities in proportion to the amount of DSH they otherwise receive.

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Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued.

Reimbursement for outpatient substance abuse services: Other Provides, including Licensed Mental Health Professionals (LMHP) (12 VAC 30-80-32 and 42 CFR 447, Subpart F)

(k) Outpatient substance abuse services furnished by physicians or other licensed practitioners as described in Attachment 3.1 A&B, Supp 1, page 10.1 for assessment and evaluation or treatment of substance use disorders as defined per Attachment 3.1 A&B, Supp 1, page 49 shall be reimbursed using the methodology described in section 6(A)(Fee-for-Service Providers) of Attachment 4.19-B, page 4.8 and page 6 and in Supplement 4 to Attachment 4.19-B subject to the following reductions for psychotherapy services for other licensed practitioners.

- (i) Services of a licensed clinical psychologist shall be reimbursed at 90% of the reimbursement rate for psychiatrists.
- (ii) Services provided by independently enrolled licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, licensed psychiatric nurse practitioners, licensed substance abuse treatment practitioners, or licensed clinical nurse specialists-psychiatric shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists.

The same rates shall be paid to governmental and private providers. These services are reimbursed based on Current Procedural Terminology codes and Healthcare Common Procedure Coding System codes. The agency's rates were set as of April 1, 2017, and are updated as described in Supplement 4 to Attachment 4.19-B (12 VAC 30-80-190). All rates are published on the DMAS website: www.dmas.virginia.gov.

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Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued.

Reimbursement for community substance abuse services: Rehabilitation Services (12 VAC 30-80-32 and 42 CFR 447, Subpart F)

(l) Rates for the following addiction and recovery treatment physician and clinic services shall be based on the Agency fee schedule: OTP and OBOT, which are described in Attachment 3.1A&B, Supplement 1, pages 45-48. OTP and OBOT services may be provided by physicians, other licensed practitioners, or in clinics, and shall use the following methodologies:

- the induction of medication assisted treatment, which is reimbursed per encounter, and is limited to 3 encounters per year per provider; rate set as of April 1, 2017
- Substance Use Care Coordination, which is reimbursed based on a monthly unit, rate set as of April 1, 2017
- Medication Administration, which is reimbursed per encounter, rate set as of April 1, 2017
- Opioid treatment services – Individual, which is reimbursed based on a 15-minute unit, rate set as of April 1, 2017
- Opioid treatment services – Group, which is reimbursed based on a 15-minute unit, rate set as of April 1, 2017
- Medication administration in clinic, which is reimbursed per administration, rate set as of April 1, 2017
- Telehealth originating site facility fee, which is reimbursed per visit, rate set as of January 1, 2002

-The following services are reimbursed based on CPT codes, with the rates set on various dates: Physician/Nurse Practitioner Evaluation and management visits (rate set 7/1/16); Alcohol Breathalyzer (rate set 7/1/14); Presumptive drug class screening, any drug class (rate set 4.1.17); Definitive drug classes (rate set 4/1/17); RPR Test (rate set 7/1/14); Hepatitis B and C / HIV Tests (rate set 7/1/14); Pregnancy Test (rate set 7/1/14); TB Test (rate set 7/1/16); EKG (rate set 7/1/17).

The Medicaid and commercial rates for similar services as well as the cost for providing services shall be considered when establishing the fee schedules so that payments shall be consistent with economy, efficiency and quality of care. The same rates shall be paid to governmental and private providers. All rates are published on the DMAS website at www.dmas.virginia.gov.

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Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued.

(m) Community ARTS rehabilitation services. Per diem rates for partial hospitalization (ASAM Level 2.5) described in Attachment 3.1 A&B, Supplement 1, page 52, and intensive outpatient (ASAM Level 2.1) described in Attachment 3.1 A&B, Supplement 1, page 50 for ARTS shall be based on the agency fee schedule. No room and board is included in the rates for partial hospitalization. The Medicaid and commercial rates for similar services as well as the cost for providing services shall be considered when establishing the fee schedules so that payments shall be consistent with economy, efficiency, and quality of care. The same rates shall be paid to governmental and private providers. The agency's rates shall be set as of April 1, 2017, and are effective for services on or after that date. All rates are published on the DMAS website at www.dmas.virginia.gov.

(n) ARTS federally qualified health center or rural health clinic services (ASAM Level 1.0) described in Attachment 3.1 A&B, Supplement 1, page 49, for assessment and evaluation of treatment of substance use disorder shall be reimbursed using the methodology described in 4.19-B, page 4.6 (12VAC30-80-25).

(o) Substance use case management services. Substance use case management services, as described in Attachment 3.1 A&B, Supplement 2, page 40 (12 VAC 30-50-491) shall be reimbursed at a monthly rate based on the agency fee schedule. The Medicaid and commercial rates for similar services as well as the cost for providing services shall be considered when establishing the fee schedules so that payment shall be consistent with economy, efficiency, and quality of care. The same rates shall be paid to governmental and private providers. The agency's rates shall be set as of April 1, 2017, and are effective for services on or after that date. All rates are published on the DMAS website at www.dmas.virginia.gov.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
OTHER TYPES OF CARE**

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